

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913635

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		★	★	★
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/								
2		/							
3		2							
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50									
TOTAL IND.	1		1						
TOTAL DEP.	22		12						
TOTAL CLAIMS	23		13						
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TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS